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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/835,107 04/12/2001 ABN  
 which claims benefit of 60/232,425 09/14/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

CANADA 2,305,036 04/12/2000  
 CANADA 2,335,109 02/23/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/29/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 13	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

45965

## TITLE

CXC CHEMOKINE RECEPTOR 4 AGONIST PEPTIDES

FILING FEE RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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